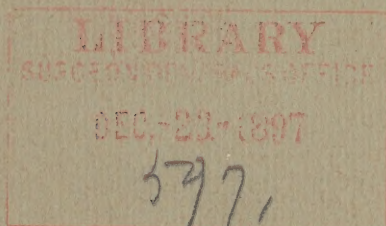


KIRKENDALL (J.S.)

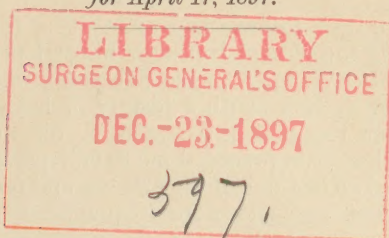
EPILEPSY AND EYE STRAIN.

BY
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Ophthalmologist to Willard State Hospital.

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By JOHN S. KIRKENDALL, M.D.,

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JUST at this time it seems proper to report cases of epilepsy relieved by eye treatment. The following reports are brief, but fuller details can be obtained by the reader if desired.

CASE I.—Vance E. A., aged twelve years, referred to me by Dr. J. W. Skinner on July 30, 1892. Family history negative, he being an adopted child.

General History.—Eyes ache while reading. Has had epilepsy for the past year. Convulsions were mostly nocturnal but frequent, except a few which occurred in the daytime, but were typical.

Eye defects.—R. V. = $\frac{2}{0}$ +. L. V. = $\frac{2}{0}$ +. Not improved with glasses, but under atropine, R. V. = $\frac{2}{100}$ = $\frac{2}{0}$ + w. + 1.50 D. L. V. = $\frac{2}{100}$ - = $\frac{2}{0}$ + w. + 1.50 D. Esophoria, 1°; abduction, 3°; almost homonymous diplopia; hyperphoria, 0; visual field normal; general condition good.

Treatment.—Adjusted glasses to correct the hypermetropia, to be worn constantly, and performed tenotomy of both interni at different times. Gave no medicine. Case under observation until May 2, 1895.

Report, after first treatment, September 30, 1892, of having had one convulsion, also one aura, about five

weeks prior, and to have had none since, and at date of this writing the patient considers himself perfectly well.

CASE II.—W. M. K., aged five years, was brought to me October 4, 1893, with a history of having had convulsions for the past three months, diagnosticated by two physicians who preceded me as epilepsy. I was present during two or three of the attacks, and feel sure about the diagnosis. Attacks were frequent. Family history neurotic.

Treatment.—Prescribed calomel and santonin, which relieved the intestinal tract of a large number of pin-worms (oxyuris) I also circumcised the child, and later found eye defects to be—Javal, R. 1.50, 90° or 180° W. R.; L. 1.75, 90° or 180° W. R., after repeated tests.

Could not determine vision on account of age and bluntness of mental condition, neither could I determine muscular balance. I prescribed the cylinders found with Javal's ophthalmometer, with instructions to wear them constantly, which was not, and could not be, followed out. The case was under observation for about two years without improvement and then drifted from my care, but from observations at my command I have always believed that had the patient been older and more tractable, so that a careful examination of the eyes could have been made, the result would have been different.

CASE III.—Geo. H. V., aged eighteen years, came to me August 4, 1892, complaining of headaches and eyes smarting and burning. There were no other symptoms. Upon examining his eyes under atropine I found

$$R. V. = \frac{2}{7} = \frac{2}{7} + w. + .62 \bigcirc + .50, c. ax. 90^\circ.$$

$$L. V. = \frac{2}{7} = \frac{2}{7} + w. + .50 \bigcirc + .50, c. ax. 90^\circ.$$

There was a family history of headaches. I prescribed the cylinders to be worn constantly, which he would not do. He soon after connected himself in business with a company in Brooklyn, N. Y., and passed from my care.

On Christmas of 1893, while standing by an elevator, he believed he was struck by the descending car and

rendered unconscious, but no scars were found about the head or elsewhere. Soon recovering from this, nothing was thought of the matter until about one month later, while on the street in New York, he stooped over to tie his shoestring and remembered nothing more until he found himself in the police station, having been arrested for drunkenness. About March 1, 1894, he had another attack while friends were present, and a physician was called and a diagnosis made of epilepsy, and he was advised to leave his work and return to his home, which he did. Upon his arrival his father brought him directly to my office. From the family history and previous examination I gave it as my opinion that his trouble came from eye defect. I was laughed at and the patient taken elsewhere. As I was living in the immediate neighborhood, reports came to me often of his condition. Attack after attack occurred, scaring his people and friends, with every positive symptom of *grand mal*. His mental condition becoming so disturbed, his father (a friend of mine) approached me about the last of November, 1895, stating that he felt that he must take him, his only boy, to an asylum.

On December 10, 1895, while Dr. R. T. Morris, of New York, was in our city, he was consulted to eliminate the possibility of there being depressed bone. During all this time the patient had been taking bromides, etc., from every physician, regular, irregular, and defective. Dr. Morris's examination revealed nothing abnormal about the head, but he referred him to me to have his eyes examined.

Javal, — 90° or 180° W. R.; 25 , 90° or 180° W. R.

R. V. = $\frac{20}{15} = \frac{20}{15}$ w. + $\cdot 50 \text{ } \subset + \cdot 50$, c. ax. 180° .

L. V. = $\frac{20}{15} = \frac{20}{15}$ w. + $\cdot 50 \text{ } \subset + \cdot 25$, c. ax. 180° .

Orthophoria. I did not use atropine this time, but prescribed glasses, as above, for constant use. His health returned at once. He had no more convulsions. He occupied a public position in 1896, and has never taken any medicine since, and is perfectly well in every way. Changed his lenses on May 21, 1896. I saw the patient to-day, and he said, "Refer anybody to me."

Patient and family remember very well his having fourteen convulsions in the daytime.

CASE IV.—Miss D. M. L., aged sixteen years, sent to me by Dr. M. A. Dumond, of Spencer, N. Y., on February 6, 1894. She had been subject to frequent epileptic convulsions for the past four years, until her mind was blunted to such an extent that she was unable to answer questions intelligibly.

Dr. Dumond had relieved preputial adhesions upon her first visit to him, and then referred her to me to relieve the suspected eye strain, dispensing with all medication, which she had been constantly taking during her entire illness. Family history negative.

Eye defects: Javal, R. 2.00, 80° or 170° W. R.; L. 2.00, 100° or 10° W. R.

R. V. = $\frac{2}{7}0 = \frac{2}{2}0$ — w. — 1.50, c. ax. 170°.

L. V. = $\frac{2}{7}0 = \frac{2}{2}0$ — w. — 1.50, c. ax. 10°.

Orthophoria. Prescribed cylinders as above, to be worn constantly.

In a report from Dr. Dumond to-day, January 11, 1897, he says that the convulsions were lessened more than one half, that her physical condition was much improved, that he kept her under observation for one year, not giving any medicine. She was constantly improving mentally, when suddenly she was stricken with a cerebral embolism or some other complication of heart disease, and died without a diagnosis having been made.

The above-cited cases are the only epileptic cases that I have been called upon to treat for eye strain, and the results as shown are worthy of consideration.

I am a firm believer in the idea that peripheral irritations cause many of our nervous troubles, and that eye strain is the most prominent.

I believe that cases should be cared for early, before neurotic effects become permanent.

January 11, 1897.

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FRANK P. FOSTER, M.D.

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